
**DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE
SERVICES REPORT
G.S. 122C – 142.1**

Prepared for:

**NORTH CAROLINA GENERAL ASSEMBLY
JOINT LEGISLATIVE COMMISSION ON
GOVERNMENTAL OPERATIONS**

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**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE SERVICES REPORT: July 1, 2006 – June 30, 2007

INTRODUCTION:

This is an annual report to the North Carolina General Assembly, initiated in the 1995 Legislative Session, and required thereafter to be submitted to the Joint Legislative Commission on Governmental Operations. The objective of the report is to provide an overview of Substance Abuse Services provided to Driving While Impaired (DWI) offenders, which is a major component of the State's response to the problem of impaired driving.

The report is a summary of data from the DWI substance abuse services Certificate of Completion (DMH-508-R) forms submitted within the fiscal year ending June 30, 2007. These forms were submitted for persons who completed the mandated clinical substance abuse assessment and education or treatment of a substance use disorder, in order to have their license re-instated. The number submitted was 28,097.

Attachments to the report highlight the demographic characteristics of DWI offenders, with numbers and percentages for gender, race, marital status, education and age. The services recommended and completed are shown by totals and percentages of offenders referred to each of the defined service levels:

1. Education-Alcohol and Drug Education Traffic School (ADETS)
2. Short-term Counseling
3. Long-term Outpatient Treatment
4. Intensive Outpatient Treatment
5. Inpatient Treatment with Continuing Care
6. Special Service plans for persons whose circumstances prevent participation in one of the other programs.

The list of active facilities is organized by DWI facility code. The number of clients completing education or treatment for a substance use disorder are listed. Fees paid to providers by DWI offenders are compiled and shown as averages for the levels of service.

BACKGROUND:

North Carolina has had laws targeting DWI behavior since 1909 and statewide programs aimed at identifying and intervening with this population since 1980. Evaluations of this effort over the past twenty years have resulted in the refinement of the State statutes and the development of program standards and rules for service providers (effective September 1994).

A review and revision of the rules governing providers of substance abuse services to DWI offenders was conducted in State Fiscal year 2000. These revised rules became effective on April 1, 2001.

The results of two recent Legislative Study Commissions, in 2004 and 2005, led to changes in the law related to efforts to improve DWI service delivery statewide. House Bill 35 directed the NC Department of Health and Human Services to increase fees for Alcohol and Drug Education Traffic School (ADETS) (from \$75.00 to \$160.00 effective October 1, 2006), increase the instruction from 10 hours to 16 hours, and reduce the class size from 35 to 20. It also directed an increase in staff qualifications for providers of ADETS. As of January 1, 2009, Certified ADETS instructors must at least hold a Certified Substance Abuse Counselor credential, as defined by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services. In addition, the bill established an outcomes evaluation study on the effectiveness of DWI services with an initial report due to the Joint legislative Commission on Governmental Operations in December 2007.

Session Law 2004-197, House Bill 1356 increased staff qualifications for persons completing substance abuse assessments, requiring minimally, certification as a Substance Abuse Counselor, by October 1, 2008. It also increased the fee paid by DWI offenders for substance abuse assessments from \$50.00 to \$100.00. This represents the only increase in those fees since 1987.

THE REPORT PROCESS:

This report is based on information received from the Certificate of Completion (DMH-508-R) forms received in fiscal year 2007 (July 1, 2006 – June 30, 2007).

The individuals represented:

1. Were arrested and convicted of DWI, aiding and abetting DWI, commercial vehicle DWI, or driving while less than 21 years old after consuming alcohol or drugs;
2. Received a substance abuse assessment in accordance with State law; and,
3. Completed education known as Alcohol and Drug Education Traffic School (ADETS) or a level of treatment for a substance use disorder recommended by the assessing agency.

The DMH-508-R form was originated in 1987 and was updated in 1996 and 2006. A single copy of this form is included with this report as **Attachment A**. This form is used to verify completion of DWI substance abuse services and facilitate the removal of the “stop” that is entered on a convicted DWI offender’s driving record by the Division of Motor Vehicles.

Upon completion of required services, an authorized DWI provider forwards the Certificate of Completion (DMH-508-R) form to the Division of Mental Health,

Developmental Disabilities and Substance Abuse Services (DMHDDSAS). It is reviewed by the State DWI Services Office for accuracy, completeness and compliance with State statutes and administrative rules. Once approved, it is forwarded to the Division of Motor Vehicles for further processing.

As of October 1, 2006, the Certificate of Completion (DMH-508-R) forms are submitted to the State electronically through a web-based system. This is a significant improvement for the system; it improves the quality and efficiency of the verification process completed by the DWI Services office. It also allows for increased monitoring of providers and those they serve and improves our research and reporting capabilities.

DEMOGRAPHICS:

Attachment B documents the demographic characteristics of DWI offenders for fiscal year 2006-2007. Highlights from the demographic data are as follows:

- 81% Males
- 60 % White
- 14% African American
- 18 % Hispanic
- 1% Native American
- 49% Never married
- 41% Completed high school or GED education
- 6% Ages 15 to 20
- 46% Ages 21 to 34

G.S. 122C – 142.1 (i) defines the information to be included in this report on Substance abuse services for those convicted of DWI or Driving While Less Than 21 Years Old After Consuming Alcohol Or Other Drugs. That information is as follows:

(1) The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person's driver's license under G.S. 20-17.6.

The following data was obtained from data collected by the NC Judicial Department - Administrative Office of the Courts Management and Information Services for persons convicted of alcohol-related driving offenses during the 2006-2007 State fiscal year. The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring their driver's license is 42,726. This number excludes the habitual offenders (see table of Convictions below) because they cannot be re-licensed to operate a motor vehicle.

CONVICTIONS SFY 2006-2007	
DWI (Levels 1-5)	38,611
DWI (aid and abet)	74
Driving after consuming under age 21	4,009

DWI (commercial vehicle)	32
Habitual DWI*	226
TOTAL	42952

*excluded

(2) The number of substance abuse assessments conducted during the previous fiscal year for the purpose of obtaining a certificate of completion.

State law requires offenders to obtain a substance abuse assessment and complete the recommended intervention, which is either education or treatment. The DWI Certificate of Completion (DMH-508-R) form is forwarded only after the assessment and intervention conditions are satisfied. During this report period, 28,097 forms meeting these criteria were forwarded to DMHDDSAS and processed. **Attachment C**, Substance Abuse Assessments, indicates that 57% of these assessments were completed post-trial.

(3) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment for a substance use disorder and, for those recommending treatment, the level of treatment recommended.

There are 6 levels of service identified for DWI offenders. The first level is education. North Carolina has a standardized curriculum known as ADETS for those who do not have a substance use disorder or other indicators that may require treatment. Short term outpatient treatment is primarily for those offenders with a substance abuse diagnosis. Longer term outpatient, intensive outpatient/day treatment, and residential or inpatient services are for those with a substance dependence diagnosis.

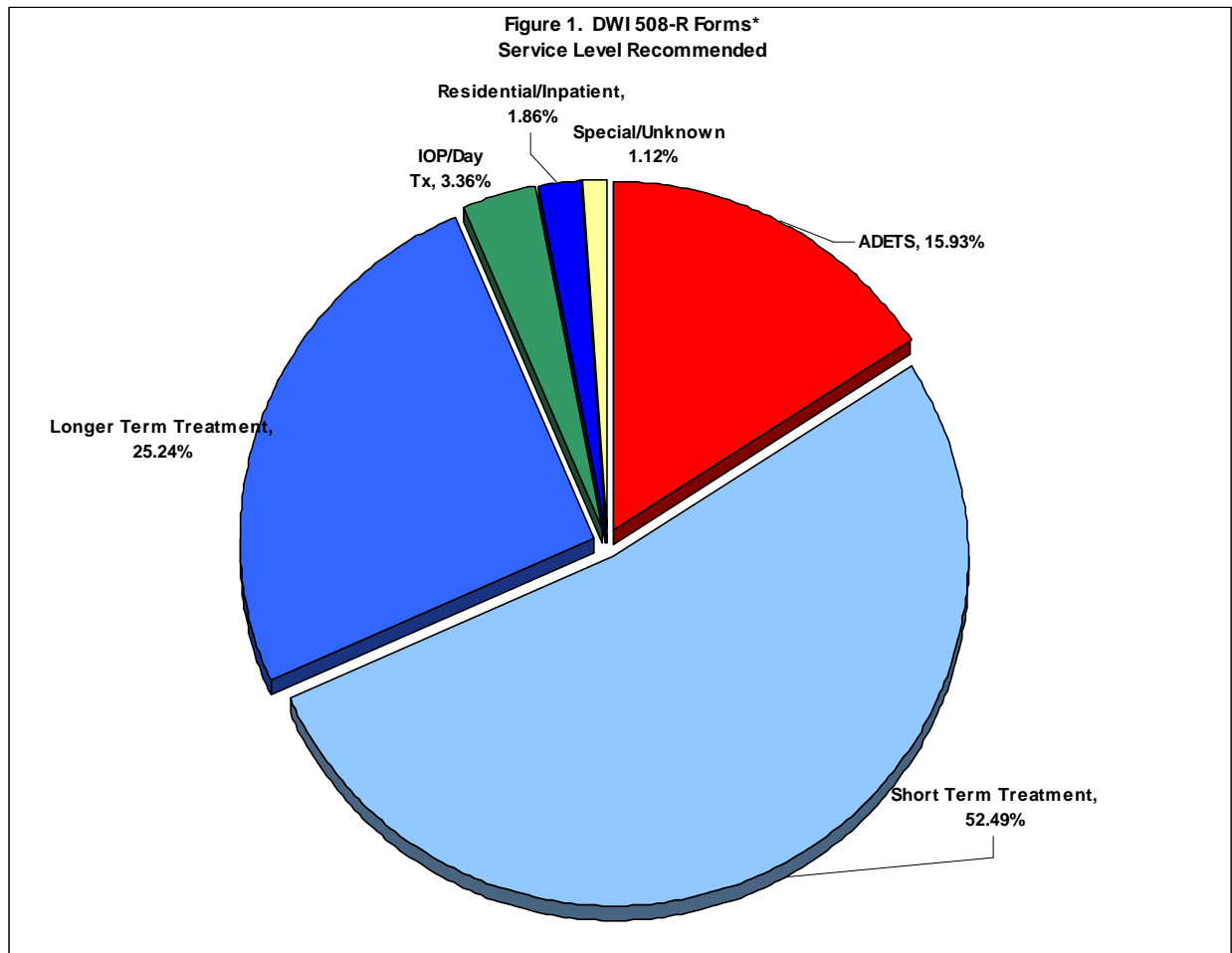
Of the 28,097 assessments reported, 4,476 recommended an ADET school, 23,310 recommended treatment, and 311 are special plans or unknown. The unknowns are most likely errors in data entry from the paper DMH-508-R forms. The new web-based system, known as e508, does not allow unknown recommendations.

For those assessments that resulted in a treatment recommendation, the number recommended for each level is as follows:

- Short term outpatient - 14,749
- Longer term outpatient - 7,092
- Intensive outpatient - 945
- Residential services - 524
- Special Service Plans 12

Over 84% of DWI offenders were recommended to attend treatment services for a substance use disorder. Approximately 30% of DWI offenders assessed had a diagnosis of substance dependence.

In the following **Figure 1**, the recommended service levels are reflected in percentages.



(4) Of the number of persons recommended for an ADET School or treatment for a substance use disorder, under subdivision (3) of this subsection, the number who completed the school or treatment.

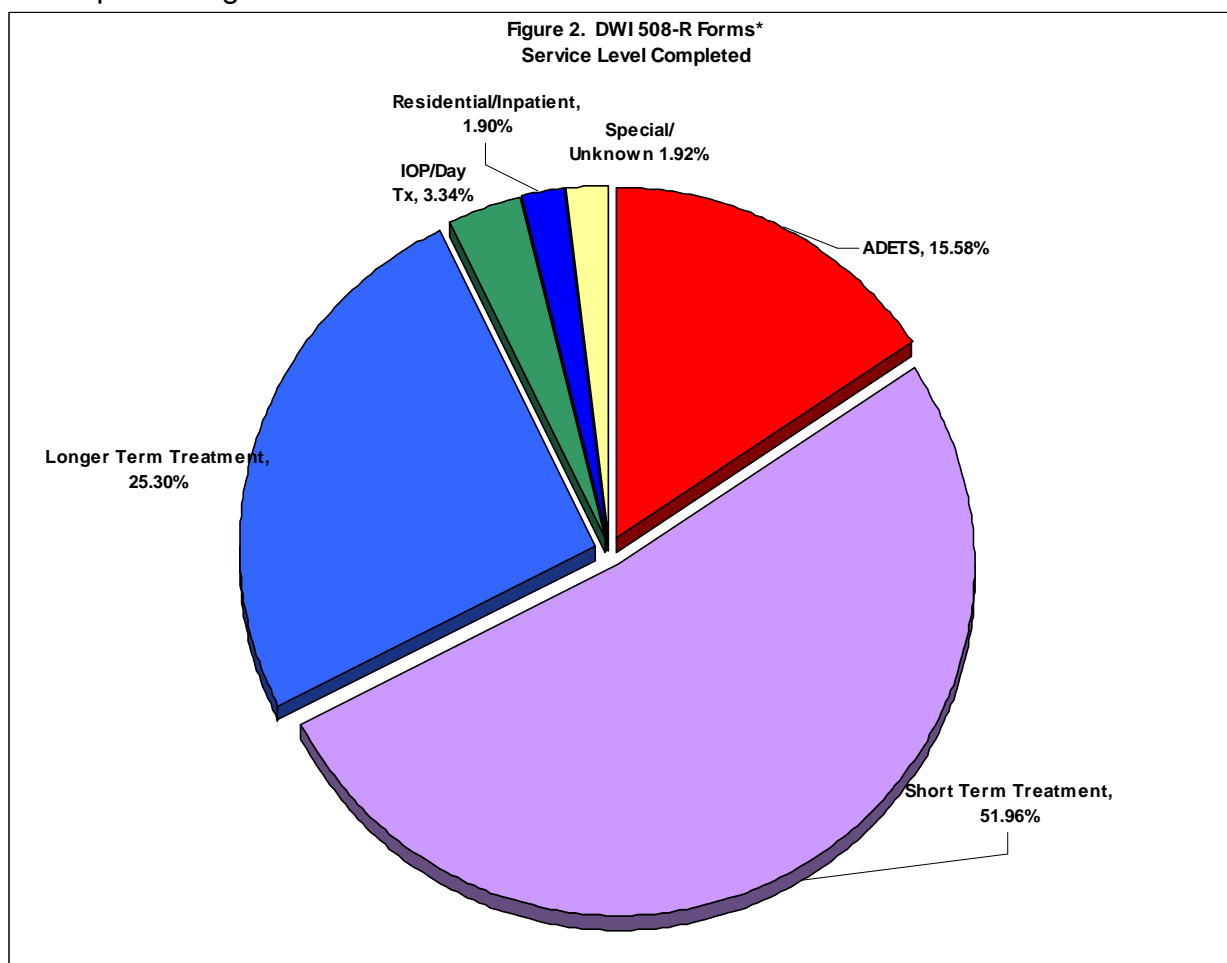
The number of persons who completed education (ADETS) or treatment is as follows:

- ADETS - 4,379
- Short term treatment - 14,602
- Long term treatment - 7,110
- Intensive outpatient treatment - 940
- Residential treatment followed by continuing care - 534
- Special Service Plans -12

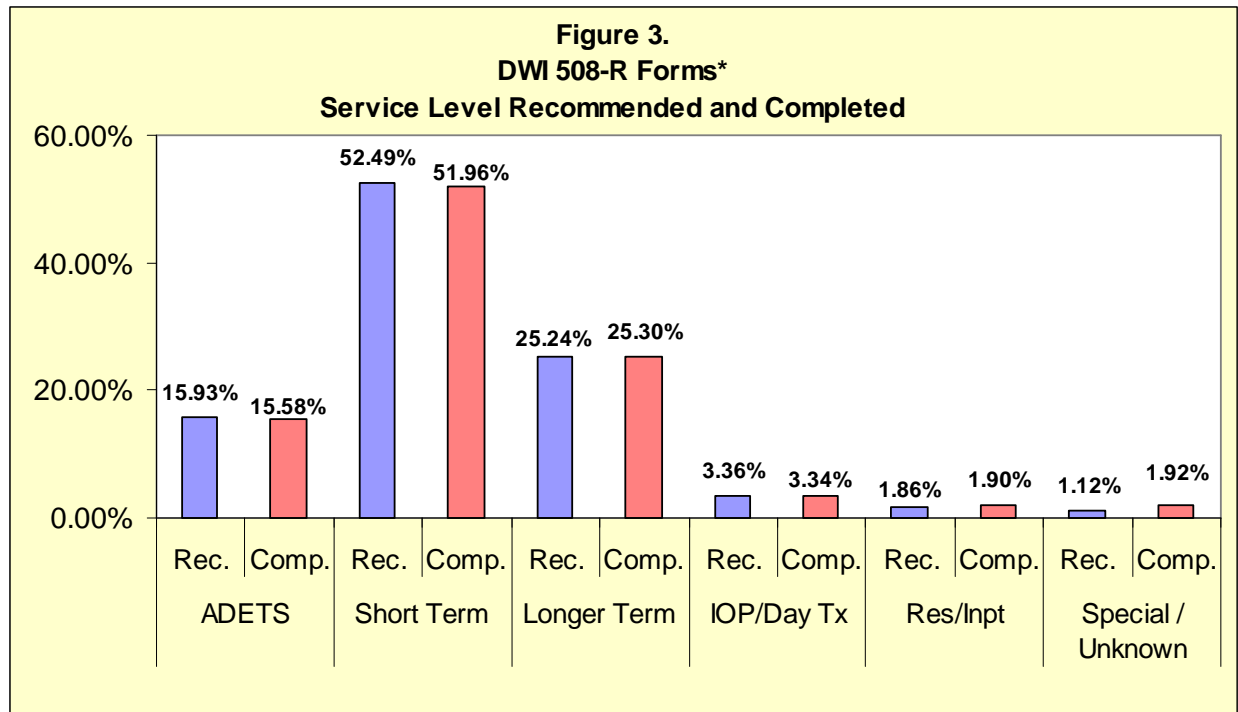
The above levels of service are based upon nationally recognized patient placement criteria developed by the American Society of Addiction Medicine (ASAM).

Services are also based upon minimum formulas of hours and days. For example, the minimum service plan accepted for “short term” treatment is twenty hours of counseling extending over at least thirty days. These minimum “length of stay” formulations apply to each of the treatment levels. “Special Service Plans” are developed for persons with disabilities, language barriers or other special circumstances.

Figure 2 shows the number of persons who completed the recommended levels of service in percentages.



A comparison of the recommendations for services with the actual services delivered is shown on the next page in **Figure 3**. The majority of clients completed the level of service that was originally recommended. The graph below shows that more short term services were provided than had been recommended. This is because there are cases where the level of treatment recommended is not available. For example, intensive outpatient services are not available in every county of the State. In addition, access to residential or inpatient treatment is generally limited for many offenders due to a lack of insurance coverage or other funding sources. Some ADETS referrals eventually go to treatment.



Administrative rules promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services specifically require under 10A NCAC 27G.3810(b), *RESPONSIBILITIES OF TREATMENT AND ADETS PROVIDERS*, that “Any facility accepting a transferred case shall provide the level of intervention required by the assessor, unless there is a subsequent negotiated agreement between the assessor and the service provider at which time a corrected DMH-508-R shall be completed by the assessor”.

Some key factors to consider about this group of offenders served in fiscal year 2007 are:

- The highest breath alcohol concentration (BAC) found in this group is .29;
- This group of offenders has an average BAC of .16 (more than 1.5 times greater than the *legal* definition of impairment (.08%) in North Carolina); and
- 9,853 or 35% were convicted of at least one prior offense.

(5) The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment for a substance use disorder.

Attachment D is an accounting of DWI assessments conducted by each authorized facility in FY 2006-2007 and their referrals to ADETS or treatment for a substance use disorder. The list is organized by the facility authorization code (authorization number assigned by DMHDDSAS – DWI Services).

(6) The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services.

The DWI substance abuse assessment fee is \$100.00. The fee for the standardized ADETS program is \$160.00. Both fees are set by Statute. For those attending treatment for a substance use disorder, a minimum payment of \$75.00 is also established by Statute. Service providers may charge additional fees for treatment; however, public providers may not delay nor deny services due to an inability to pay. Providers are allowed, however, to hold the DWI Certificate of Completion form (DMH-508-R) pending the receipt of fees which the client has agreed to pay. The average amount of fees charged and received is documented in **Attachment E**.

SUMMARY / IMPLICATIONS:

- 67% of individuals are delaying the completion of a clinical substance abuse assessment until conviction, which may be years after the arrest. Early identification and intervention has been proven to enhance treatment outcomes. Strategies to encourage this process may have positive implications on education and treatment completion and recidivism rates. Ensuring immediate and consistent compliance with mandated services related to DWI offenses may have a positive impact on the health and safety of our communities.
- The majority of DWI offenders completing mandated assessments and education or treatment for substance use disorders are single, young, white and male. According to the National Highway Traffic Safety Administration (NHTSA), drivers between the ages of 21 and 34 are involved in 50% of the alcohol related highway fatalities annually. This age group makes up 46% of the DMH-508-R certificate of completion forms in this report.
- Over one third of the convicted offenders who completed services related to DWI offenses are repeat offenders (35%).
- 30% of convicted DWI offenders who completed services had a substance dependence diagnosis and received long term treatment or more. Substance dependence is a chronic, relapsing condition similar to other diseases such as high blood pressure, diabetes and heart disease that require lifelong attention and a variety of interventions based on the severity of the condition and overall health.